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maintenance fee notifica	tions.								
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21839	7590 06/04	/2008		Cert	ificate of Mailing or Trans	mission			
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						(Depositor's name)			
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			<u> </u>			(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/621,306	07/18/2003	<u> </u>	Won-Hee Choe	•	030681-541	2519			
TITLE OF INVENTION	: METHOD AND APPA	ARATUS FOR ADAPTIV	ELY ENHANCING COL	ORS IN COLOR IN	MAGES				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1440	\$300	\$0	\$1740	09/04/2008			
EXAM	EXAMINER		CLASS-SUBCLASS	]					
BURLESON,	MICHAEL L	2625	358-520000						
1. Change of correspond CFR 1.363).	ence address or indication	n of "Fee Address" (37	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having \$94000000000000000000000000000000000000						
	ondence address (or Cha	inge of Correspondence							
"Fee Address" ind	ication (or "Fee Address	" Indication form							
PTO/SB/47; Rev 03-6 Number is required.	02 or more recent) attack	ned. Use of a Customer	2 registered patent attorneys or agents of the partials 3 1449 98 DA listed, no name will be printed. 92 FC:1504 389 99 00						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty		C:8001 9.00				
PLEASE NOTE: Un	less an assignee is ident	ified below, no assignee	data will appear on the p	oatent. If an assigne	ee is identified below, the d	locument has been filed for			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the docume recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
SAMSUNG	ELECTRONICS C	O., LTD.	SUWON-CITY	. KYIINGKT-	DO, REPUBLIC O	F KOREA			
		•			rporation or other private gr				
Please check the appropr	tate assignee category of								
4a. The following fee(s)  State Fee	are submitted:	· 41	<ul> <li>Payment of Fee(s): (Ple</li> <li>A check is enclosed.</li> </ul>	ase first reapply an	y previously paid issue fee	shown above)			
	No small entity discount	permitted)	_	by credit card. Form PTO-2038 is attached.					
Advance Order -		3	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).						
5. Change in Entity Sta	tue (from etatue indicate	d above)	overpayment, to Dep	ish Account Numbe	1 <u>02 4000</u> (chelose a	in extra copy of this form).			
	as SMALL ENTITY state		☐ b. Applicant is no lor	iger claiming SMAI	L ENTITY status. See 37 C	FR 1.27(g)(2).			
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	1 1///	WILL		. Д	ugust 29, 2008				
Authorized Signature		of jour	<u> </u>	DateA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Typed or printed nam	c Charles F	Wieland III		Registration N	o. <u>33,096</u>				
Confide	itiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DO	: 11 C (* 122 and 27 CUU	1 14 This collection is of	tirouted to take 17 a	ne public which is to file (an ninutes to complete, includin mments on the amount of ti Frademark Office, U.S. Dep . SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,			
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BURLESON	MICHAELL	2625	358-520000							
1. Change of correspond CFR 1.363). Change of correspond corresponding	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
Number is required			<u> </u>		•					
3. ASSIGNEE NAME A  PLEASE NOTE: Un recordation as set for	AND RESIDENCE DAT dess an assignee is ident th in 37 CFR 3.11. Com	A TO BE PRINTED ON tified below, no assignee pletion of this form is NO	THE PATENT (print of data will appear on the Tasubstitute for filing	or typ he pa g an a	ee) stent. If an assign assignment.	ee is id	dentified below, the d	locument has been filed for		
(A) NAME OF ASSI		•	(B) RESIDENCE: (C							
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Please check the approp	riate assignee category o	r categories (will not be p	rinted on the patent):	0	Individual 🚨 C	orporati	ion or other private gr	oup entity Government		
4a. The following fee(s)  Solution See  Advance Order -	<ul> <li>Ib. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).</li> </ul>									
a. Applicant clain	ntus (from status indicate	us. See 37 CFR 1.27.	• •				TITY status. See 37 C	FR 1.27(g)(2).		

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Wieland III

August 29, 2008

33,096

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